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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Yavapai

State Arizona

State File No. 481

District or Township Prescott

or Village

Registered No. 38613

City Prescott

No. Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME

George O. Blickenstaff

(a) Residence, No.

(Usual place of abode)

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR or RACE

White

5. SINGLE, MARRIED, WIDOWED or DIVORCED.  
(Write the word)  
Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Ella Blickenstaff

6. DATE OF BIRTH (month, day and year) Oct. 22, 1890

7. AGE

Years 36

Months 3

Days 4

IF LESS than  
day hrs.  
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Garage owner

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country)

Pueblo  
Colorado

10. NAME OF FATHER O. W. Blickenstaff

11. BIRTHPLACE OF FATHER  
(State or country)

No record

12. MAIDEN NAME OF MOTHER Helen Patterson

13. BIRTHPLACE OF MOTHER  
(State or country)

Iowa

14. Informant Mrs. Ella Blickenstaff.

(Address) Prescott, Arizona

15. Filed Harry J. Southworth

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Jan. 26, 1927

17. I HEREBY CERTIFY That I attended deceased from Jan 24 1927 to Jan 26 1927

that I last saw him alive on Jan 26 1927

and that death occurred on the date stated above, at 4 p m.

The CAUSE OF DEATH was as follows:  
Meningitis - Result of  
Auto accident.

(duration) yrs. mos. ds. 2 1/2  
CONTRIBUTORY (Secondary) Ruptured Spleen Basal  
fracture (duration) yrs. mos. ds. 2 1/2

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? Yes Date of 1/24/27

Was there an autopsy?

What test confirmed diagnosis? Clinical & Therapeutic  
(Signed) H. J. Southworth M.D.  
1/28 1927 (Address) Prescott Ariz.

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Mt. View Cemetery

Jan. 30/27

20. UNDERTAKER

Lester Ruffner

Prescott, Az.

oster